

Department of Public Social Services Report dated November 17, 2005 titled
County Services to Homeless Individuals on Skid Row

Health Services Report dated January 23, 2006 titled Hepatitis A Disease

County of Los Angeles
DEPARTMENT OF PUBLIC SOCIAL SERVICES

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November 17, 2005

TO: Each Supervisor

FROM: Bryce Yokomizo, Director *[Signature]*
Department of Public Social Services

Marvin Southard, Director *[Signature]*
Department of Mental Health

Thomas Garthwaite, Director *[Signature]*
Department of Health Services

David Sanders, Director *[Signature]*
Department of Children and Family Services

SUBJECT: COUNTY SERVICES TO HOMELESS INDIVIDUALS ON SKID ROW

This is a follow-up to our October 20, 2005, memo to your Board, entitled "Homeless Families and Individuals on Skid Row," in which we responded to articles in the Los Angeles Times that gave attention to the need for additional services for this population. In that memo, we committed to provide recommendations to your Board, within 30 days, that will further enhance services to the homeless adults on Skid Row.

On October 25, 2005, your Board instructed the Director of Health Services, in coordination with Public Social Services, Mental Health and Children and Family Services, to address the concerns regarding mitigating Hepatitis A outbreaks on Skid Row and report back to your Board. Because the increase in Hepatitis A cases is not limited to Skid Row and homeless individuals, Health Services is preparing a separate report to your Board on this issue.

In an effort to assess our current services and their limitations, several meetings were held with attendees from the County health and human services departments, other County departments, other governmental agencies involved with homeless individuals, and community providers who work each day with the homeless adults on Skid Row.

These meetings and the resulting recommendations benefited from various current planning efforts to reduce and prevent homelessness, including Bring LA Home, Discharge Policies Workgroup, Proposition 63 and the Special Needs Housing Alliance Strategic Housing Plan. Attached is a list of the organizations that were represented at these meetings.

CURRENT SERVICES

Prior to the first meeting, a matrix was developed that listed our Departments' current services, providing us with a starting point for further discussion and assessment. Following is a comprehensive snapshot of our Departments' existing services for homeless adults:

Public Social Services (DPSS)

The General Relief (GR) program issues emergency housing vouchers to homeless applicants prior to approval of aid. Once aid has been approved, GR provides a cash grant of up to \$221, along with food stamps, which may be expedited and issued within one day for homeless participants.

GR applicants/participants are screened for mental health issues by co-located DMH and CSS staff in our district offices. If the individual is assessed as needing special attention, they are not subject to many of the GR program requirements, and a referral is made to DMH for treatment. Also, just as important for this population, as a condition of receiving aid, all participants with alcohol or drug dependency are referred to DHS for mandatory substance abuse treatment services. In the Skid Row area, the increased demand for substance abuse and mental health treatment makes provision of these services a challenge.

Supplemental Security Income (SSI) Advocacy is provided, giving needed assistance to physically and mentally disabled GR participants throughout the SSI application process. Furthermore, DPSS works with DMH and the Sheriff's Department to meet the needs of inmates at Twin Towers who are potentially eligible to SSI. For this population, GR applications are taken at the jail in order to link post-release inmates with services needed, such as GR and food stamps, pending SSI approval.

The GR program provides employment services (General Relief Opportunities for Work) to participants who are able to work. Assistance is provided with showers, haircuts and the use of County computers and telephones for job searching.

Former foster youth, independent of other DPSS cash aid programs, are eligible to Medi-Cal until age 21, to provide access to healthcare.

Mental Health (DMH)

Mental health needs of individuals are often identified by area shelter staff, staff of SRO providers, outreach teams, and other providers in the area. Other individuals are referred for services from correctional facilities and from various medical and psychiatric hospitals throughout the County. Individuals with mental illness receive initial assessment, case management, medications, crisis intervention, ongoing treatment, and linkage with emergency shelter, transitional, and permanent placement housing assistance.

DMH has the Psychiatric Mobile Response Team (PMRT) and the Homeless Outreach Team (HOT) in the Skid Row area. The Mental Evaluation Team (MET) and the Metropolitan Transit Authority (MTA) project work in conjunction with the Sheriff's unit and the Systemwide Mental Assessment Response Team (SMART) works in conjunction with LAPD. Most recently, DMH has located a SMART at LAPD Central Division, which is directly in the Skid Row area.

DMH staff provides direct referral and coordination of SSI benefit establishment through advocacy services agencies and the Social Security Administration (SSA). DMH clinical evaluations and treatment records are provided to SSA to support eligibility in the SSI application process.

A critical part of the psychiatric assessment process is to evaluate individuals for substance abuse problems. Those persons identified with co-occurring mental illness and substance use disorders are encouraged to participate in on-site treatment services. Individuals with more serious substance abuse disorders are routinely referred to detox and residential treatment programs.

Another significant issue for this population is medical health care. DMH routinely refers clients to DHS, Los Angeles Mission Community Clinic and JWCH clinic at the Weingart Center. Employment services and linkage to vocational rehabilitation programs assist individuals in finding and maintaining employment.

For residents of the Skid Row area, these services are provided by the Downtown Mental Health Clinic. Although the Department of Mental Health provides a wide array of mental health and case management services, the demand for services continues to increase and creates a significant challenge.

Health Services (DHS)

Emergency housing vouchers are issued for homeless individuals with Tuberculosis. Referrals to the Los Angeles Homeless Services Authority (LAHSA) emergency shelter program are made for those persons living with HIV/AIDS.

Inpatient and outpatient units provide mental health services in psychiatric emergency rooms. Individuals living with HIV/AIDS receive services through AIDS Service Organization contracts.

Personal healthcare services are provided to residents of the Skid Row area, both inpatient and outpatient, at a comprehensive health center and LAC+USC Medical Center. Substance abuse treatment is provided by multiple contractors in the Skid Row area.

Public Health provides a community based Tuberculosis clinic which facilitates directly observed therapy (DOT) and a LAC+USC satellite HIV clinic, which are both co-located with the JWCH Institute primary care clinic.

Public Health district and liaison nursing provides community, family and individual health education for communicable disease control.

Public Health provides communicable disease counseling and testing through direct services or contracts with community clinics and mobile outreach vans. Referral and treatment appointments are coordinated.

Children and Family Services (DCFS)

Although DCFS' primary focus is with children and families, they remain involved with homeless adults because of their commitment to assist former foster youth who are now emancipated. DCFS provides shelter referrals to eligible individuals, along with limited cash assistance for specific purchases, such as rental assistance and clothing. DCFS will also provide grocery gift cards and has access to limited funding for food to give this population.

If the homeless former foster youth has special mental health needs, DCFS has limited transitional housing available to assist the individual.

DCFS also provides funding for vocational training, as well as money for work and school clothing, in order to assist the former foster youth in becoming self-sufficient.

RECOMMENDATIONS

Our Departments and partners collaborated in the development of the following concepts in order to develop new and enhanced services designed to further address the needs of homeless adults on Skid Row:

- Public Social Services proposes a housing subsidy and case management pilot for homeless GR participants, targeting three specific populations: employable participants, participants who have filed for SSI benefits, and the chronic homeless. This pilot would be implemented in various areas of the County, including but not limited to Skid Row.

- Mental Health and Health Services propose working together to provide a greater focus on dual-diagnosis treatment services. More often than not, mental health and substance abuse issues co-occur in homeless adults.
- Health Services proposes the establishment of a comprehensive health education program for Skid Row homeless providers to increase health literacy and health promotion.
- Public Social Services and Mental Health propose exploring an expansion of current efforts to provide mental health treatment services and documentation to support SSI approvals.
- Children and Family Services proposes developing a proposal to promote family reunification of emancipated former foster youth, since isolation plays a significant role in homelessness, especially with this population.
- The Sheriff proposes stabilization centers, as well as mobile outreach teams, to serve post-release inmates.
- Public Social Services, Mental Health and the Sheriff's Department propose working jointly to develop a proposal to expand the current Twin Towers project. The new effort would include assistance in applying for DPSS benefits for inmates who are in danger of homelessness upon release from a County jail and not limit services to those who are potentially eligible to SSI.
- Community and Senior Services proposes that law enforcement agencies use an elder abuse/neglect screening tool with homeless adults and make referrals to Outreach Teams for assessment, whenever elder abuse/neglect is suspected. At a minimum, Outreach Teams should use the screening tool, with approval by the L.A. County Domestic Violence Coordinator, and include or consult with domestic violence service providers as part of the outreach effort.
- Public Social Services proposes to explore the feasibility of increasing the current reimbursement rate for GR emergency housing in an effort to attract additional housing resources.
- Children and Family Services proposes procurement of emergency motel vouchers for emancipated foster youth.
- Health Services proposes to increase substance use treatment slots for the Skid Row area.
- The Chief Administrative Office proposes continued work with the Special Needs Housing Alliance to address the housing and housing-related needs of homeless individuals.

Throughout this process, an overall consensus was achieved that clearly expressed the need for the following over-arching changes:

- The creation of more housing facilities designed to offer permanent homes to this population. This housing stock would have to be affordable and somehow allow the individual to stay connected to other needed services.
- Affordable permanent housing, emergency shelters and supportive services outside of Skid Row. The Skid Row area attracts homeless individuals because it gives them a sense of community and belonging, and provides the homeless with basic needs, such as food and shelter. Decentralization of these services is important if homelessness in the area is ever to be eradicated.
- Mental health treatment services that are broadly available and designed to capture this hard-to-serve population. Homeless adults often have problems trusting others, and they need to be familiar and comfortable in their surroundings in order to stay committed to getting healthy.

The collaborative efforts of County health and human service departments, the Sheriff's Department, and the community providers to assist homeless individuals in the Skid Row area are ongoing. Our Departments will conduct feasibility studies and prepare cost analyses on each of the specific recommendations above.

We will provide a follow-up report on our progress within 60 days.

BY/MS/TG/DS:jr

Attachment

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors
Lee Baca, Sheriff
Interim Director, Community and Senior Services
Director, Community Development Commission
Director, Los Angeles Homeless Services Authority

HOMELESS INDIVIDUALS ON SKID ROW

MEETING PARTICIPANTS

COUNTY DEPARTMENTS/AGENCIES

Chief Administrative Office
Children and Family Services
Community and Senior Services
Community Development Commission
Health Services
Los Angeles Homeless Services Authority
Mental Health
Public Social Services
Sheriff

CITY OF LOS ANGELES

Mayor's Office
Fire Department
City Attorney

FEDERAL GOVERNMENT

Social Security Administration

COMMUNITY PROVIDERS

Anne Douglas Center – L.A. Mission
Skid Row Homeless Health Care – Community Clinic Association
Mental Health Advocacy Services
People in Progress
Union Rescue Mission



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January 23, 2006

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Acting Director and Chief Medical Officer

Jonathan E. Fielding, M.D., M.P.H.
Director of Public Health and Health Officer

SUBJECT: **HEPATITIS A DISEASE**

On October 25, 2005, your Board directed the Department of Health Services to coordinate with the Departments of Public Social Services, Mental Health, and Children and Family Services to:

- 1) work to ensure availability of all appropriate health and medical services to mitigate the threat of hepatitis A outbreaks on skid row; 2) ensure that procedures are in place for County staff to follow if exposed to hepatitis A; and 3) report back on this issue as part of the overall action plan being prepared to further assist families and individuals on skid row. This is an update to our report on November 17, 2005.

BACKGROUND HEPATITIS

Since our last report, the number of acute hepatitis A cases peaked and is now declining. All areas of the County have been affected. There were a total of 311 confirmed cases from August 2005 to January 16, 2006, compared to just 119 confirmed cases from August to December 2004. At the beginning of 2005, Public Health adopted the Centers for Disease Control and Prevention/Council of State and Territorial Epidemiologists case definition for acute hepatitis A which is more specific than the previous one applied for surveillance. After the adoption of this case definition, the number of confirmed cases of acute hepatitis A dropped significantly by 70% for the first 7 months of 2005 versus the first 7 months of 2004. Therefore, the increase in confirmed cases in 2005 occurring after August is highly significant. The number of new cases reported per week peaked in November (51 cases between 11/14 and 11/20) and has been slowly declining since then (29 cases between 1/2/06 and 1/8/06). Compared to 2004, the 2005 cases are younger (median age 36 years in 2005 versus 49 years in 2004) and

more likely to be male (59% versus 42% in 2004). All but five of the 24 health districts saw an increase in the number of acute hepatitis A cases since August compared to 2004, but Central and West Health Districts saw the highest increases (13% and 12% of all cases, respectively).

In addition to the generalized increase in hepatitis A, investigation by Public Health has identified five discrete clusters of hepatitis A, including patrons of a restaurant in mid September (15 cases), employees at a work site in October (18 cases), workers at a restaurant in November (5 cases; no ill patrons identified), and patients at a drug treatment facility (2 cases). The increase in cases amongst the homeless since our report in November may be due to our outreach efforts (see below). Since August, of the 45 people identified as homeless or who live in transient housing who were reported with acute hepatitis A, 32 cases were confirmed. Of the confirmed cases, 17 were reported from Central Health District. Most (23 of 32) of the homeless cases had onset in September and October 2005.

INVESTIGATION AND RESPONSE

Since October 2005, when the increase in hepatitis A was first noted, Public Health has taken proactive steps to investigate and control the outbreak. Our outreach efforts to homeless service providers were detailed in our report of November 14. Briefly, we specifically targeted administrators of homeless shelters and medical clinics, providing information on sanitation, health education, and laboratory diagnosis. The Public Health Laboratory provided free testing for downtown clinics. We also sent electronic notices to physicians, homeless service providers, and other healthcare providers across the County alerting them to the increase in hepatitis A and to consider hepatitis A when a patient presents with typical symptoms of the disease.

Early recognition of hepatitis A allows for appropriate post exposure prophylaxis with Immune Globulin (IG) to be given to close contacts. IG, if given within two weeks of exposure, is very efficacious in preventing disease. Public Health provided IG to the residents of a homeless mission in October because two resident-workers were diagnosed with acute hepatitis A. In December, Public Health also provided over 700 doses of IG to patrons of a restaurant because five employees of that establishment were stricken with acute hepatitis A. Public Health also provided IG to more than 50 clients of a residential drug treatment facility in December after two patients were diagnosed with acute hepatitis A.

Our investigations into the origin of these outbreaks have been inconclusive. Public Health performed a sequential digit-dialed case control study of persons with acute hepatitis A who became ill in October. Eating downtown was associated with acquiring hepatitis A for October cases, although no specific restaurants were implicated. Lettuce was identified as the probable source of hepatitis A infection on the work site investigation. Public Health disseminated a press release in November emphasizing to consumers the importance of washing all produce well. No clear source was identified for either restaurant outbreak. Sporadic November hepatitis A cases (not linked to any obvious exposure) continue to be investigated. An investigation at the drug treatment center where two cases of hepatitis A were discovered failed to identify a common source and found no additional cases.

Hepatitis A is known to occur in cycles usually lasting several years. Our last peak was in 1996 and since then, the number of hepatitis A cases has been slowly decreasing. In 1999, the hepatitis A vaccine was recommended by the Advisory Committee on Immunization Practices

(ACIP) for all children over two years of age living in the states with the highest historical rates of hepatitis A, including California, and for all persons in high risk groups (overseas travelers, drug users, etc). Since 1999, hepatitis A vaccine has been offered to children in the federal Vaccines for Children Program at no cost to children in Los Angeles County who are two years of age or older. Subsequent to this policy, the number of hepatitis A cases was at its lowest level in Los Angeles County and nationwide in 2004. Despite the increase in hepatitis A cases in the latter half of 2005 in the county, the total number of cases of acute hepatitis A in 2005 (tentatively estimated at 359) is only one-third of what was reported in 1999 (1,120 cases) because of the overall decline in hepatitis A. The ACIP has recently recommended that all children across the United States receive hepatitis A vaccine at the age of 12 months and Public Health will offer vaccine according to these new recommendations.

Despite the increase of hepatitis A across the County, there are no additional identified risk groups for acquiring acute hepatitis A currently in the County, other than the previously described outbreaks related to restaurants and a caterer, and the known risk groups of overseas travelers, men who have sex with men, and illegal substance users. Public Health has a supply of adult hepatitis A vaccine and will make this available to health districts for their high risk clients.

If you have any questions or need further information, please let either of us know.

BAC:JEF:EB:sc

511:003 REF: 3198 (A065LM2005/DD021 #2)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors